



**GEORGIA MEDICAID FEE-FOR-SERVICE
INFLAMMATORY BOWEL AGENTS PA SUMMARY**

Preferred	Non-Preferred
<i>Mesalamine</i> Apriso (mesalamine) Canasa (mesalamine suppositories) Delzicol (mesalamine) Mesalamine rectal enema/kit generic Pentasa (mesalamine)	Asacol HD (mesalamine) Lialda (mesalamine) SFRowasa (mesalamine rectal enema)
<i>Salicylates</i> Balsalazide generic Sulfasalazine generic	Giazo (balsalazide disordium tablets 1.1gm)
<i>Corticosteroids</i> Prednisone generic Prednisolone generic	Uceris (budesonide)

LENGTH OF AUTHORIZATION: 3 months for Uceris; 1 year for others

PA CRITERIA:

For Asacol HD or Lialda

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Apriso, Delzicol and Pentasa, are not appropriate for the member.

For Giazo

- ❖ Approvable for male members with mild to moderate active ulcerative colitis (UC)

AND

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic balsalazide capsules, is not appropriate for the member.

For SFRowasa

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Mesalamine rectal enema, is not appropriate for the member.

For Uceris

- ❖ Approvable for members with ulcerative colitis that have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with topical and oral mesalamines and have experienced ineffectiveness with topical and oral corticosteroids.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.



PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.